



BAKER BOTTS LLP

#17
Admon
10/13/02

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
CT-USA-A 071986.0200

In re Application of Braun et al.

Application Number

09/351,985

Filed

July 12, 1999

For

MEDICINAL PRODUCT FOR THE

* see attached

Group Art Unit

1617

Examiner

Wang, S.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

☐ One month (37 CFR 1.17(a)(1))

\$ _____

☐ Two months (37 CFR 1.17(a)(2))

\$ _____

☒ Three months (37 CFR 1.17(a)(3))

\$ 920

☐ Four months (37 CFR 1.17(a)(4))

\$ _____

☐ Five months (37 CFR 1.17(a)(5))

\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4377.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Oct 15, 2002

Date

PTO Reg No.:

35,225

Lisa B. Kole

Signature

Lisa B. Kole

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.